# COUNTY OF SAN LUIS OBISPO BOARD OF SUPERVISORS AGENDA ITEM TRANSMITTAL

(1) DEPARTMENT Behavioral Health	(2) MEETING DATE May 16, 2006	(3) CONTACT/PHONE Karen Baylor(805)788	3-2060
(4) SUBJECT Request for Board to approve 1) establishment of the initial fiscal year 2005-06 budget for the new Mental Health Services Act (MHSA) Fund Center 165, Health Agency-Behavioral Health Services in the amount of \$1,266,450, offset fully by Federal and State revenues (4/5ths vote required) and 2) Related MHSA services contracts (Clerk's File) with private providers.			
(5) SUMMARY OF REQUEST In December, the Board approved a three-year County Community Services and Supports plan for the implementation of the Mental Health Services Act. This plan was approved by the State, April 28, 2006. Funding for this plan was not included in FY05-06 appropriations, therefore a budget adjustment of \$1,266,450 is requested for fund center 165. Related MHSA service contracts with private providers are required to begin new MHSA program operations			
(6) RECOMMENDED ACTION It is recommended that your Board approve the initial fiscal year 2005-06 budget for the new Mental Health Services Act (MHSA) Fund Center 165, Health Agency-Behavioral Health Services in the amount of \$1,266,450 to be funded from Medi-Cal/EPSDT \$259,110 and (MHSA) revenue of \$1,007,340, and, 2) a number of related MHSA service contracts with private providers required to begin new MHSA program operations.			
(7) FUNDING SOURCE(S) State/Medi-Cal/EPSDT	(8) CURRENT YEAR COST \$1,266,450	(9) ANNUAL COST \$1,266,450	(10) BUDGETED? No Yes N/A
(11) OTHER AGENCY/ADVISORY GROUP INVOLVEMENT (LIST): The program involves collaboration, between community citizens, Mental Health Advisory Board, Mental Health Consumers and family members, Transitions Mental Health Association, Family Care Network, Probation, Drug and Alcohol Services, and Mental Health Services.			
(12) WILL REQUEST REQUIRE ADDITIONAL STAFF? No Yes, How Many? 14.5  Permanent Limited Term Contract 14.5 Temporary Help			
(13) SUPERVISOR DISTRICT(S)  1st, 2nd, 3rd, 4th, 5th	⊠AII	(14) LOCATION MAP Attached N/A	(15) Maddy Act Appointments Signed-off by Clerk of the Board N/A
(16) AGENDA PLACEMENT  Consent Hearing (Time Est)  Presentation Board Business (Time Est)		(17) EXECUTED DOCUMENTS  Resolutions (Orig + 4 copies)  Ordinances (Orig + 4 copies)  N/A	
(18) NEED EXTRA EXECUTED COPIES?  Number: Attached N/A		(19) BUDGET ADJUSTMENT REQUIRED?  Submitted 4/5th's Vote Required N/A	
(20) OUTLINE AGREEMENT REQUISITION NUMBER (OAR)  Pending (Wes Hamilton)		(21) W-9	(22) Agenda Item History  N/A Date 12/20/05
(23) ADMINISTRATIVE OFFICE REVIEW  OK Dan Buddle			

# BEHAVIORAL HEALTH SERVICES

COUNTY OF SAN LUIS OBISPO



Reply to:

**MENTAL HEALTH SERVICES** 

2178 JOHNSON AVENUE SAN LUIS OBISPO, CALIFORNIA 93401-4535 (805) 781-4700 (805) 781-1273 FAX

TO:

Board of Supervisors

FROM:

Karen Baylor, Ph.D., MFT, Behavioral Health Administrator

DATE:

May 16, 2006

SUBJECT:

Request for Board to approve 1) establishment of the initial fiscal year 2005-06 budget for the new Mental Health Services Act (MHSA) Fund Center 165, Health Agency-Behavioral Health Services in the amount of \$1,266,450, offset fully by Federal and State revenues (4/5ths vote required) and 2) Related MHSA services

contracts with private providers.

### **RECOMMENDATION:**

It is recommended that your Board approve the initial fiscal year 2005-06 budget for the new Mental Health Services Act (MHSA) Fund Center 165, Health Agency-Behavioral Health Services in the amount of \$1,266,450 to be funded from Medi-Cal/EPSDT \$259,110 and Mental Health Services Act (MHSA) revenue of \$1,007,340, and, 2) a number of related MHSA service contracts with private providers required to begin new MHSA program operations.

#### **DISCUSSION:**

The department of Mental Health identified the following six MHSA components that require a county plan: Community Program Planning, Community Services and Supports, Capital Facilities and Information Technology, Education and Training Programs, Prevention and Early Intervention and Innovative Programs. The first two components are the first to be implemented and the other components will be phased in at a later date. On December 20, 2005, the Board approved a three year County Community Services and Supports (CSS) plan for the implementation of the Mental Health Services Act (MHSA). This program provides for an increase in funding for the statewide improvement and expansion of mental health services. The San Luis Obispo County plan was subsequently submitted to the California Department of Mental Health for approval and funding. The CCS plan was approved by the State on April 28, 2006. The plan calls for program start up in the final quarter of FY 2005-06. State Funding for fiscal year 2005-06 has been approved for three months of operational costs plus a number of one-time start-up funding items. The funding for this plan was not included in FY05-06 appropriations, therefore a budget adjustment in the amount of \$1,266,450 is requested for fund center 165. The fiscal year 2006-07 budget for the MHSA programs will be brought to your Board in June through the normal budget approval process.

The MHSA funding will be used to pay for staff, client housing, office space, contracted services, computers, automobiles, and program supplies and materials. The plan proposes the following new and expanded programs and initiatives:

- Four *Full Service Partnership* programs will provide a broad range of mental health services and intensive supports to targeted populations of children, transition age youth, adults and older adults.
- Client and Family Wellness Supports will provide an array of recovery-centered services to help individuals improve their quality of life, feel better and be more satisfied with their lives. Support will include: vocational training and job placement; community and supportive housing; increase day to day assistance for individuals and families in accessing care and managing their lives; expand client and family-led education and support programs; outreach to un-served seniors; and expand services for persons with co-occurring substance abuse.
- Enhanced Crisis Response and Aftercare will increase the number of mobile responders and add follow up services to individuals not admitted to the psychiatric health facility as well as to those discharged from the facility.
- Latino Outreach & Services program will reach un-served and underserved limited-English speakers and provide community-based treatment and support.
- Mentally Ill Probationers Services program will be doubled in capacity.
- Intensive, daily school-based mental health services for students with serious emotional disturbances will be piloted at one community school serving students 12 to 18 years old.
- A countywide outreach and education campaign will promote mental illness awareness and stigma reduction and education about services available and how to access care.

In order to carryout the scope of the plan the County will collaborate and contract with the following mental health providers:

- 1. Transitions Mental Health Association (T-MHA): T-MHA will provide residential services, resource support in the full service partnership teams for adult and older adults, vocational services, client and family partnerships, and peer support services.
- 2. Family Care Network (FCN): FCN will provide SAFE (Services Affirming Family Empowerment) case management, residential services, and resource support in the full service partnership teams for children and transitioning aged youth (ages 16 to 21).
- 3. Silvia Ortiz: Is a bilingual/bicultural psychologist who will provide bilingual mental health education and treatment to the Latino population.
- 4. Susana Ayala: A Marriage Family Therapist (MFT) intern under the supervision of Dr. Ortiz provide who will provide additional bilingual mental health education and treatment to the Latino population.
- 5. Sanford L. Friedlander: Will provide expanded mobile crisis response, outreach and follow-up to persons in a psychiatric emergency exhibiting acute psychiatric symptoms.

### OTHER AGENCY INVOLVEMENT:

The program involves collaboration, between community citizens, Mental Health Advisory Board, Mental Health Consumers and family members Transitions Mental Health Association, Family Care Network, Probation, Drug and Alcohol Services, and Mental Health Services.

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### FINANCIAL CONSIDERATIONS:

The State has approved our Community Services and Support (CSS) program expenditure funding plan for the last three months of fiscal year 2005-06 and the subsequent two fiscal years as follows:

### Health Agency - Mental Health Services Act BU 165

**Approved CSS Funding** 

Description	2005-06 Annual	2006-07 Annual	2007-08 Annual
MHSA Operational Funding	569,840	2,317,778	2,454,017
Approved One Time Funds (Note 1)	437,500	748,600	355,000
Total State Approved MHSA Funding	1,007,340	3,066,378	2,809,017

Note 1: One Time Technology Funds requested in the amount of \$180,000 is still pending at the State.

For fiscal year 2005-06, three months of funding has been approved along with a number of one time start-up expenditure items. One-time items are shown in table below.

**CSS Program One-Time Funding Items** 

Description	2005-06
Extension of Community Program Planning Funding	10,000
HR Costs (Ads, Background Checks)	13,000
Contractor - write policy procedure manuals for new and expanded programs.	80,000
Contractor set-up RFPs, planning	33,000
Contractor to set-up evaluation system	17,000
Contractor to design/plan new programs coordinate efforts	17,000
All staff training - Recovery/Strength Based Treatment	
Vehicles (Initial Purchase) (5 @ \$20,000 and 2 @ \$30,000)	160,000
Laptops & Software for 31 positions (2,500/ea.)	77,500
New Program Training	
Co-occuring program supplies	10,000
Totals	437,500

We are requesting the Board approve the entire 2005-06 State approved program expenditures totaling \$1,266,450, even-though, we will not be able to fully spend these funds as the County positions included in the budget will not be filled until the beginning of fiscal year 2006-07. By approving the entire approved program expenditures we will be better able to track the State approved funding and the subsequent expenditures against this funding. We anticipate the State will provide for a roll-over of unspent funds although the policy is still in development at the State. A fiscal year 2005-06 budget adjustment is requested for Fund Center 165, Mental Health Services Act, in the amount of \$1,266,450 as follows:

## Health Agency - Mental Health Services Act BU 165

Fiscal Year 2005-06 CSS Fourth Quarter Budget

Description	Amount
Program Expenditures	828,950
One Time Expenditures	437,500
Total Expenditures	1,266,450
Medi-Cal/EPSDT Billed Revenues	(259,110)
Net MHSA Funding	1,007,340

The service contract included in this action are for fifteen month periods and are listed in the table below:

## Health Agency - Mental Health Services Act BU 165

#### Fiscal Year 2005-06 CSS Contracts

Service Provider	FY 2005-06	FY 2006-07	Total Contract Amount
Association	\$140,708	\$728,632	\$869,340
Family Care Network	62,206	298,823	361,029
Silvia Ortiz	12,500	50,000	62,500
Susana Ayala	8,730	33,334	42,064
Sanford L. Friedlander	87,500	350,000	437,500
Totals	\$311,644	\$1,460,789	\$1,772,433

This item will have no General Fund impact.

#### **RESULTS:**

The State Department of Mental Health is currently establishing performance outcome measures for MHSA. The key outcomes that are being considered are in the areas of residential/hospital/incarceration status, justice system involvement status, emergency intervention, education, employment, benefits, and conservator/payee status. The State Department of Mental Health wants to measure the effectiveness of the programs as the changes are occurring. For example, a variety of measure may be collected regarding the effectiveness of residential treatment. It is important to know when and to what types of residential services were provided and how was the progression toward a less restrictive environment provided.

SLO BHS will work cooperatively with the State Department of Mental Health to establish appropriate performance outcome measures for the CSS Plan. BHS anticipates a transformation of the mental health system through implementation of the CSS plan. Results may include but are not limited to keeping the client and/of family in their community thus avoiding a more restrictive and costly setting, enhanced crisis intervention thus preventing the need for

psychiatric hospitalization and a continuum of care that prevents further penetration into the mental health system.

### **Contractor Outcomes:**

Service Provider	Proposed Outcomes
Transitions Mental Health Association	a. 85% of adult and older adult FSP clients surveyed will report that their Resource Specialist improved the quality of mental health care and treatment they receive in San Luis Obispo County.
	b. 85% of adult and older adult FSP clients surveyed will report that their Resources Specialist had a positive impact on their quality of life.
	c. Participate in weekly team meetings to implement evidence-based practices for Full Service Partnership.
	d. Services provided will be strength-based, culturally competent, age specific and client-centered. The approach to services provided include the involvement of each client participating in the development of an individualized plan determined by the client's goals, strengths, needs, race, culture, concerns and motivation.
Family Care Network	a. 85% of children FSP clients surveyed will report that their Resources Specialist had a positive impact on their quality of life.
	b. 85% of transitional aged youth FSP clients surveyed will report that their Resource Specialist improved the quality of mental health care and treatment they receive in San Luis Obispo County.
	c. Participate in weekly team meetings to implement evidence-based practices for Full Service Partnership
	d. Services provided will be strength-based, culturally competent, age specific and client-centered. The approach to services provided include the involvement of each client participating in the development of an individualized plan determined by the client's goals, strengths, needs, race, culture, concerns and motivation.
Silvia Ortiz	a. 85% of clients surveyed will report increased access to mental health care as a result of the Latino Services Program.

	<ul> <li>b. 85% of clients surveyed will report that Latino Services were helpful in addressing their mental health needs.</li> <li>c. Services provided will be strength-based, culturally competent, age specific and client-centered. The approach to services provided include the involvement of each client participating in the development of an individualized plan determined by the client's goals, strengths, needs, race, culture, concerns and motivation.</li> </ul>
Susana Ayala	<ul> <li>a. 85% of clients surveyed will report increased access to mental health care as a result of the Latino Services Program.</li> <li>b. 85% of clients surveyed will report that Latino Services were helpful in addressing their mental health needs.</li> <li>c. Services provided will be strength-based, culturally competent, age specific and client-centered. The approach to services provided include the involvement of each client participating in the development of an individualized plan determined by the client's goals, strengths, needs, race, culture, concerns and motivation.</li> </ul>
Sanford L. Friedlander	<ul> <li>a. A minimum of 50% of crisis intervention contacts will prevent hospitalization of patients.</li> <li>b. 90% of in-person responses will occur within 70 minutes of crisis call.</li> <li>c. 95% of crisis calls not 5150'd will receive a follow-up call with 24 hours of crisis call or in-person response.</li> </ul>

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